

COUNTRYSIDE HOME

1130 COLLINS RD

JEFFERSON 53549 Phone:(920) 674-3170

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 120

Total Licensed Bed Capacity (12/31/04): 120

Number of Residents on 12/31/04: 120

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 119

County

Skilled

No

Yes

Yes

119

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.7	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		30.8	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.3	More Than 4 Years		37.5	
Day Services	No	Mental Illness (Org./Psy)	34.2	65 - 74	10.8			-----	
Respite Care	No	Mental Illness (Other)	11.7	75 - 84	30.8			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.7	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.5	95 & Over	8.3	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	2.5		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	14.2	65 & Over	91.7	-----			
Transportation	No	Cerebrovascular	15.0		-----	RNs		7.0	
Referral Service	No	Diabetes	2.5	Gender	%	LPNs		12.3	
Other Services	No	Respiratory	7.5		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	10.0	Male	31.7	Aides, & Orderlies			
Mentally Ill	No	-----	-----	Female	68.3				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	6	5.9	131	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	5.0	
Skilled Care	3	100.0	210	95	94.1	112	0	0.0	0	16	100.0	210	0	0.0	0	0	0.0	0	114	95.0	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	3	100.0		101	100.0		0	0.0		16	100.0		0	0.0		0	0.0		120	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	7.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	11.7	43.3	45.0	120
Other Nursing Homes	20.7	Dressing	10.8	45.0	44.2	120
Acute Care Hospitals	58.5	Transferring	28.3	35.8	35.8	120
Psych. Hosp.-MR/DD Facilities	2.4	Toilet Use	27.5	33.3	39.2	120
Rehabilitation Hospitals	0.0	Eating	58.3	17.5	24.2	120
Other Locations	11.0	*****				
Total Number of Admissions	82	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	10.0		Receiving Respiratory Care	15.8
Private Home/No Home Health	25.0	Occ/Freq. Incontinent of Bladder	65.8		Receiving Tracheostomy Care	2.5
Private Home/With Home Health	3.8	Occ/Freq. Incontinent of Bowel	50.0		Receiving Suctioning	2.5
Other Nursing Homes	1.3				Receiving Ostomy Care	4.2
Acute Care Hospitals	15.0	Mobility			Receiving Tube Feeding	4.2
Psych. Hosp.-MR/DD Facilities	1.3	Physically Restrained	0.8		Receiving Mechanically Altered Diets	37.5
Rehabilitation Hospitals	0.0					
Other Locations	6.3	Skin Care			Other Resident Characteristics	
Deaths	47.5	With Pressure Sores	5.0		Have Advance Directives	91.7
Total Number of Discharges		With Rashes	2.5		Medications	
(Including Deaths)	80				Receiving Psychoactive Drugs	69.2

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government %	Peer Group Ratio	Bed Size: 100-199 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	99.2	87.2	1.14	86.9	1.14	87.7	1.13	88.8	1.12
Current Residents from In-County	80.8	54.3	1.49	80.4	1.01	70.1	1.15	77.4	1.04
Admissions from In-County, Still Residing	41.5	25.2	1.64	23.2	1.79	21.3	1.94	19.4	2.14
Admissions/Average Daily Census	68.9	55.2	1.25	122.8	0.56	116.7	0.59	146.5	0.47
Discharges/Average Daily Census	67.2	59.6	1.13	125.2	0.54	117.9	0.57	148.0	0.45
Discharges To Private Residence/Average Daily Census	19.3	21.2	0.91	54.7	0.35	49.0	0.39	66.9	0.29
Residents Receiving Skilled Care	100	87.1	1.15	96.9	1.03	93.5	1.07	89.9	1.11
Residents Aged 65 and Older	91.7	87.7	1.04	92.2	0.99	92.7	0.99	87.9	1.04
Title 19 (Medicaid) Funded Residents	84.2	77.9	1.08	67.9	1.24	68.9	1.22	66.1	1.27
Private Pay Funded Residents	13.3	16.8	0.80	18.8	0.71	19.5	0.68	20.6	0.65
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	45.8	46.5	0.99	37.7	1.22	36.0	1.27	33.6	1.36
General Medical Service Residents	10.0	21.0	0.48	25.4	0.39	25.3	0.39	21.1	0.47
Impaired ADL (Mean)	55.3	44.6	1.24	49.7	1.11	48.1	1.15	49.4	1.12
Psychological Problems	69.2	66.5	1.04	62.2	1.11	61.7	1.12	57.7	1.20
Nursing Care Required (Mean)	9.3	8.7	1.07	7.5	1.24	7.2	1.28	7.4	1.25